

FILED APR 12 1940
399

Registration District No. _____

Primary Registration District No. _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
Trinity Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 Days
(Specify whether
In this community 43 Years
years, months or days)

8. (a) PRINT FULL NAME Mr. John Franklin Starkey

362
(b) If veteran, name war No (c) Social Security No 492-14-6676

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mrs. Stella P. Starkey 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased September 20 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 5 27 hr. min.

9. Birthplace Baldwin Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Special Officer

11. Industry or business K. C. Public Service Co.

12. Name Caleb P. Starkey

18. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Hunter

15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Dorothy L. Starkey
(b) Address 3708 Chestnut Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 19, 1940
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director W. H. Newcomer Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 3-18-40 (Date received local registrar) (b) M. M. Creeve (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3708 Chestnut Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A.? -- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 17
year 1940 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from
Mar-8-1940 to Mar-17-1940
that I last saw him alive on Mar-17-1940
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia 10da

Due to 108

Due to _____

Other conditions Arterio-sclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy same

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature E. R. Rensley (M. D. or other) MD.

Address 832 Maple Blvd Date signed 3/17/40

#5

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Emile M. Calhoun

Licensed Embalmer No. *3506*

P. O. Address *K. e. mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.